VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
July 1, 2009

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1965 The Medicaid program was signed into law July 30, 1965, by President Lyndon B. Johnson to provide health coverage to low-income children deprived of parental support, their caretaker relatives, the elderly, the blind, and individuals with disabilities. A Federal-State partnership, Medicaid offered states financial incentives to participate through a matching formula. Its impact on Vermont's mental health system of care is reflected in the numbers. Children's mental health services, CRT services for adults, and adult outpatient programs delivered by designated agencies have seen the proportion of their clients covered by Medicaid rise since data became available in fiscal year 1985. At that time, 34% of 3,000 kids served were covered by Medicaid compared to 77% of 9,600 kids receiving services in 2008. Of the 2,600 CRT clients served in 1985, 40% were covered by Medicaid whereas by 2008 that figure jumped to 85% of 3,076 CRT clients. Adult outpatient programs served 5,555 clients in 1985, 17% of whom were covered by Medicaid. Half of the 6,600 adult outpatient clients in 2008 were covered by Medicaid. Today, Medicaid is the largest single source of health and long-term care coverage for people with disabilities, including chronic mental illness. Both Medicare and Medicaid were enacted as part of the same legislation in 1965 with most of the legislative debate focused on Medicare. The program that became the nation's largest entitlement program, after Social Security, is Medicaid.

Vermont Agency of Human Services Email Encryption

Starting June 29, 2009, AHS employees have the ability to send encrypted email to recipients outside state government. For the Department of Mental Health, this encrypted communication technology is most applicable to communications with our community stakeholders and most specifically, our Designated Mental Health Agencies and Specialized Services Agency. Encryption will always be used when sending Protected Health Information (for example, health status, treatment, diagnosis, or other sensitive health information) or Individually Identifiable Information (SSN#, benefits, financial or other sensitive consumer or household related information) to any recipient whose email is outside the state government system. This ability will not replace existing e-mail protocols for sending out messages containing PHI or use of secure FTP

sites for significant amounts of personally identifiable information, but encrypted e-mail communication is now in place to further ensure consumer privacy and security of sensitive information.

What happens next?

When the AHS email server sees a secure outgoing message that is addressed to a user with a non-state email address, it encrypts the email and attaches it to the message. When the person outside of state government receives this encrypted email, they will be prompted through a set up process which will have them create a name/password and let them view the message. They will only need to do this one time in order to receive encrypted AHS mail from any AHS sender. While viewing the encrypted message they will also have the ability to reply to the sender securely. AHS has created a guide for external email recipients and has posted it to the AHS public Internet site homepage at http://humanservices.vermont.gov/emailencryption.pdf

ADULT MENTAL HEALTH

Summer Schedules Changed for State Standing Committees

The regular July and August meetings have been cancelled for both the State Standing Committee for Adult Mental Health and the State Standing Committee for Children and Adolescents Experiencing a Serious Emotional Disturbance and Their Families.

Instead, both Standing Committees will have their meetings on Thursday, August 6, 2009. The Adult Standing Committee will meet from 10:00 a.m. until 1:30 p.m. in Room 107, Stanley Hall, in the Waterbury State Office Complex. The Children's Standing Committee will meet from 12:00 noon until 1:45 p.m. at the offices of the Vermont Federation of Families for Children's Mental Health, 95 South Main Street, Waterbury. Please change your calendars accordingly.

Summer Meeting Scheduled for Mental Health Block Grant Planning Council

Vermont's Mental Health Block Grant Planning Council will hold its summer meeting on the afternoon of Thursday, August 6, 2009, from 2:00 until 4:00 in Stanley Hall, Room 107. The primary purpose of the meeting will be to review and comment on the Department of Mental Health's application for federal block grant funding from the Center for Mental Health Services for Fiscal Year 2010 (the beginning of the federal fiscal year is October 1). Further information about the agenda will be forthcoming in July.

Vermont Evidence-Based Supported Employment Family Project

The Vermont Supported Employment (SE) Family Project is working to promote employment as a key part of recovery from mental illness. The focus of the project is to increase the number of individuals who are competitively employed in their community. To address this goal, the Vermont SE Family Team has created a plan to engage family members in educational, advocacy, and implementation strategies on the role of work in their loved ones' recovery. The project's 2-year plan envisions greater involvement of family members with local and state employment teams that will allow families, for the first time, to play a more active role in Evidence-based Supported Employment.

The Vermont Family Team has four family members and the Executive Director of NAMI- Vermont. The SE liaisons from the Department of Mental Health and Vocational Rehabilitation provide staff support.

Each of the 10 community mental health centers across the state has a relationship with the National Alliance for Mental Illness-Vermont (NAMI-VT) and Vocational Rehabilitation. The Family Project is working to strengthen these relationships for evidence-based supported employment, involving four mental health centers initially and expanding to all ten centers over the project's duration.

CHILDREN'S MENTAL HEALTH

International ASEBA Conference in Burlington

The International Achenbach Empirically Based System of Assessment Conference on Empirically Based Mental Health Knowledge was held on June 21-24th in Burlington. This conference was hosted by the University of Vermont's Research Center for Children, Youth and Families. The conference provided opportunities for mental health professionals and trainees from around the world to work together to:

- advance knowledge,
- build multicultural collaborations, and
- implement empirically based assessment and treatment.

There was much discussion about the need to provide solid outcome data and how to implement evidence based assessment and treatment in a variety of settings, from inpatient hospitals to community locations. The range of knowledge was great and included exploration in understanding and using genetics and providing family based treatment. One of the most fascinating parts was realizing that many other cultures struggle with approximately the same level and description of syndromes as measured by the ASESBA and that the challenges with implementation are the same regardless of the setting or country.

Youth in Transition (YIT) Grant: Technical Assistance (TA)

Technical Assistance – both from the national and state levels - is our current emphasis. Most members of the Youth in Transition State Outreach and Operations Team have made site visits to several of the 12 regional planning teams to,

- build relationships,
- observe the decision-making processes,
- offer feedback, and
- suggest additional perspectives and resources.

The regional teams seem to appreciate these visits. Though we have not yet been to all regions, we are scheduled to do so within the next month. For the most part, the regions are well along in their exploration of the issues facing youth in transition and what to do about those issues. Some plans may be submitted as soon as late July or early August.

Meanwhile, we will receive our first visit from the national TA Partnership, which is sending four consultants to meet with us from July 8-10. The focus of the TA will be on,

- youth coordination,
- cultural and linguistic competence,
- social marketing, and
- governance.

Since the first three topics are new requirements for the system of care work in Vermont, we look forward to meeting our TA Team and interacting with them over an extended time. So far, our primary contact with these consultants has been through phone conversations, when they have worked hard to identify and meet our needs for TA.

The national TA Team for Vermont will attend the July 9 *Sequential Intercept Model* training at the Elks Club in Montpelier and join the YIT regional teams for their afternoon action planning exercise. So far, about 115 people are registered to learn more about a Criminal Justice Capable System of Care (for mental health and substance abuse treatment). Hope you are one of them! If not, and if you want to register, immediately call the YIT Grant Training and TA Coordinator Vanessa Lang at 802- 595-5159.

FUTURES PROJECT

Peer Work Group Presents Recommendations for Alternative Crisis Program

The Futures Peer Work group offered their recommendations to the full Transformation Council at Monday's meeting. The presentation is the culmination of nearly two years of work and much discussion to balance the many visions for peer services in Vermont. Linda Corey explained that Vermont Psychiatric Survivors will assist a new organization to develop not-for-profit status and the necessary organization to be able to run the alternative crisis program; "we are not trying to build a kingdom," she offered. Xenia Williams presented the key program concepts and work group recommendations including to provide a non-medical model place for people to work on recovery. One of the key work group recommendations is that the Peer crisis alternative program be funded at similar levels as other crisis bed programs. The full recommendations can be found at http://healthvermont.gov/mh/futures/peersupport.aspx

Request for Proposals Issued to all Vermont Hospitals

The Vermont Department of Mental Health released a "Request for Bids or Conceptual Proposals" for psychiatric inpatient services as part of the Vermont State Hospital Futures project.

The Capital bill as enacted into law by the General Assembly requires that

Sec. 30. VERMONT STATE HOSPITAL; REPLACEMENT

(b) Prior to the submission of an application for a phase II certificate of need for construction of a facility to house a secure residential recovery program provided for in Sec. 31 of this act, the department of mental health shall develop ***a master plan to replace the functions now provided in the Vermont state hospital and to close the Vermont state hospital. . . .***

(c) While pursuing the secure residential facility as described in Sec. 31 of this act and the planning for acute mental health care in several hospitals geographically distributed

throughout the state as provided for in Sec. 32 of this act, ***the department of mental health shall enter into discussions with general and specialty hospitals to explore options for hospital-level care for the remaining placements needed to close the Vermont state hospital. . .***

The responses to this "RFP" will be used to create the master plan.

This request for bid or conceptual proposal request is designed to facilitate two levels of response. First is to solicit actionable bids that reflect significant planning work accomplished to date and for which Certificate of Need application would be filed within one year. The structure for bids follows closely to the Vermont Certificate of Need Requirements to facilitate public review and efficient preparation of a CON application. Responsive bids would include detailed approach to licensing, facilities plans, and services costs, programming description, anticipated revenues and payer mix.

The second type of response is for a conceptual proposal committing the responding organization to planning for a potential future bid and CON application. Such proposals would reflect a stage of planning that is not sufficiently developed to make a bid. This may include outstanding licensing issues, governance and ownership questions, facility and staffing design in early development, or generally a stage in which the exploration of different options needs to proceed in order to develop a specific project plan.

The schedule for the proposal and review process is as follows:

June 29, 2009	Issue RFP
July 20, 2009	Deadline for receipt of letter of intent to bid
August 28, 2009	Deadline for bids and conceptual proposals
September 11, 2009	DMH issues questions to submitting organizations
September 18, 2009	Responses to questions due
September 30, 2009	Review Committee recommendations to Commissioner
October 19, 2009	Commissioner develops draft "Master Plan to replace the functions now provided at VSH"
Oct 20 – Nov 30, 2009	Legislative review / consultation
December 15, 2009	Legislative Approval of Master Plan

The RFP can be found using the following link
http://healthvermont.gov/mh/documents/InptBidProposal7-09_FINAL2.pdf

SRR Architectural Design Group Met June 17

The Architectural Design Group, at its second meeting on June 17, reviewed a very preliminary draft program of space (i.e., the size of spaces allotted to various activities and functions such as bedrooms, dining area, etc.). It is expected that spatial allocations and the over-all size of the building will change as recovery programming requirements become clearer and spatial design alternatives are better understood. In response to a question about planning parameters, Deputy Commissioner Tanzman stated that the projected project cost for the SRR is estimated at $15.5 million. She indicated that, unless there were very strong reasons to do otherwise, it could be expected that this number would constitute a planning boundary. Similarly, the draft staffing plan also reflected a rough estimate of staffing requirements based on the VSH experience. The underlying assumptions, and the number of staff, may also change as recovery planning proceeds.

Frank Pitts of Architecture+ stated that the architectural design can support and/or require either fewer or more staff, and that it would be important to think through how the building would be used every day, seven days a week. Similarly, he indicated that the design of the building could be more or less compact, depending on resident safety and security needs. He then reviewed various options for managing disparate groups of residents with different safety needs, and discussed how to combine smaller units and materials to devise a functional and aesthetically pleasing building, with differentiated areas for living, work and leisure time. In keeping with the objective of balancing a sense of resident personal liberty with safety and security, Architecture + demonstrated how multiple options exist for creating secure physical boundaries without replicating the ambience of a correctional facility. Follow the link to the DMH website to view more detailed notes and documents distributed at the meeting
http://healthvermont.gov/mh/futures/SecureResidentialRecovery.aspx

The next architectural design meeting will address refinement and validation of architectural models. It is scheduled for July 13 from 10:00 a.m. to 1:00 p.m. in Stanley Hall Room 100 on the Waterbury Campus.

Focus Group Meetings on SRR Planning Held with VSH Patients

Focus group meetings with VSH patients were held on June 10 and June 16. The purpose of the groups is to obtain suggestions for recovery programming and architectural design based on the experience of individuals who are currently inpatients at VSH.
The meetings in Brooks One and Two were well attended. The groups identified the following themes: (1) The need for residential space that is aesthetically pleasing and comfortable as well as safe (natural light, outside air, soft colors and materials); (2) More and varied programming to develop life and vocational skills (opportunities to learn practical skills such as cooking, gardening, and food preparation); (3) Treatment plans developed with the residents that focus on growth of social and communication skills; (4) Greater community involvement ---the opportunity to learn and use skills to contribute responsibly to and connect with the community --- within the SRR and with the external community as well; (5) Recovery programming rules that balance safety and freedom, and allow a range of community participation according to the individual's level of comfort; (6) Above all, much more access to the outdoors and the opportunity to engage in outdoor as well as indoor physical activity.

SRR Recovery Programming

Stakeholders met to discuss the recovery programming needs of the Secure Recovery Residence (SRR) that will drive the architectural design of the new facility, including the configuration of space within the facility, outdoor recreational areas, the building and secure perimeter, and the physical environment in which recovery can occur. Their message to the architects is to actualize the concept of separation between home and work, very much like our day-to-day experience of a residential, home-like environment being distinct from our work environment. The architects' initial draft design has three residential clusters for 4, 5 and 6 residents with flexibility to divide the 6-resident cluster into two 3-resident clusters. To achieve a home-like space that offers privacy and a way of developing relationships with a smaller group, each cluster would have a kitchenette, living room and small sitting room in addition to a single bedroom and bath for each resident. Also discussed were the work spaces that would accommodate individualized learning opportunities for residents. What is needed architecturally are work spaces that will enable residents to pursue their own vocational goals based on each person's interests, aspirations, and skills. The work spaces will need to support varied activities going on concurrently such as drafting, printing, web-page design, art, and craft activities to name a few. Residents may be involved in supporting their own living environment by raising gardens, cooking, and other pursuits. Through discussion, the need for comfort rooms to be centrally located and thus accessible to residential, work and dining areas made sense. A seclusion room, hopefully never or rarely used, would have to be away from any of the comfort rooms. Recovery programming documents on development of the SRR can be located at http://healthvermont.gov/mh/futures/SecureResidentialRecovery.aspx

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Seeking Interested Parties

The Vermont Integrated Services Initiative (VISI) is seeking interested people to apply for being trained to use the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. The DDCAT is an instrument that evaluates programs' capability to provide effective, evidence-based practices for integrated mental health and substance use treatment services. Individuals chosen for this training will be asked to attend one 3-hour training on the DDCAT Index -scheduled for the afternoon of August 7th, 2009 (following the VISI Forum) and participate in three DDCAT Assessments in the Fall/Winter of 2009. Each DDCAT assessment will require approximately one day of onsite time and additional time for writing up the results of the assessment. For more information and to request an application, please contact Patty Breneman at (802) 652-2033 or patty.breneman@ahs.state.vt.us

VERMONT STATE HOSPITAL

Risk Management at VSH

Among Tommie Murray's multiple roles at VSH is that of Risk Manager. In this role, Tommie oversees and coordinates a process to identify and address any real or potential risks to patients' and staffs' safety and well-being.

Among the tools and process used:

- Event Reports

- Staff observations
- Risk Assessments through Environment of Care surveys
- Safety Officers on each unit
- Emergency Drills
- Staff participation through the Safety/Infection Control Committee

Questions that are frequently asked:

- What are areas of potential risk?
- Is everything we need available?
- Are things corrected?
- Are there lessons learned?
- Are there patterns or trends?

While it is not possible to eliminate every conceivable risk, it is possible to minimize and manage risk through organization, consistency, planning, and follow-through.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 51 as of midnight Monday. The average census for the past 45 days was 49.4